



311 West Saratoga Street
Baltimore MD 21201

Control Number: # 18-07

FIA ACTION TRANSMITTAL

Effective Date: Immediately

Issuance Date: October 25, 2017

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND CASE MANAGERS

FROM: NICHOLETTE SMITH-BLIGEN, EXECUTIVE DIRECTOR

RE: ELIGIBILITY FOR CONVICTED FELONS

PROGRAM AFFECTED: FOOD STAMP PROGRAM (FSP) and TEMPORARY CASH
ASSISTANCE (TCA)

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

During the 2018 session, the Maryland General Assembly changed TCA and FSP requirements for program benefit eligibility. The new law disqualifies recipients who are convicted of only two types of drug-related felonies from FSP and TCA participation: 1) volume dealer drug felony and 2) drug kingpin felony. This means that TCA and FSP benefit recipients convicted of any other drug-related felony will now be able to maintain their eligibility.

POLICY AND LANGUAGE CHANGES

1. Old Policy:

Prior to October 1, 2017, recipients of Food Supplement Program benefits and/or Temporary Cash Assistance benefits who were convicted of a felony involving the possession, use, or distribution of a controlled dangerous substance after August 22, 1996 were disqualified from program participation for one year after the date of conviction and were subject to testing for substance abuse for two years beginning on the later of:

- The date of release from incarceration,
- The date of completion of probation, or
- The date any term of parole or mandatory supervision is completed..

Previous application language

Has anyone in your household ever been convicted of a felony committed on or after

August 22, 1996 that involved drugs?

Yes/No; If yes, household member name

2. New Policy:

Starting October 1, 2017, customers receiving Temporary Cash Assistance and/or Food Supplement Program benefits convicted of 1) a volume dealer drug felony or 2) drug kingpin felony committed after August 22, 1996 are disqualified from program participation for one year after the date of conviction and were subject to testing for substance abuse for two years beginning on the later of:

- a. The date of release from incarceration,
- b. The date of completion of probation, or
- c. The date any term of parole or mandatory supervision is completed.

New application language

Has anyone in your household been convicted of:

- a. A drug kingpin felony on or after August 22, 1996?
(Drug kingpin-An organizer, supervisor, financier, or manager who acts as a co-conspirator in a conspiracy to manufacture, distribute, dispense, transport in, or bring into the State a controlled dangerous substance.)

Yes/No; If yes, household member name

- b. A volume dealer drug felony on or after August 22, 1996?
(Volume dealer - An individual, who manufactures, distributes, dispenses or possesses certain quantities of a controlled dangerous substance.)

Yes/No; If yes, household member name

ACTION REQUIRED

This policy changes requires changes to FIA FSP and TCA applications and substance abuse forms.

Starting immediately, we are asking that all local department of social services issue and/or use the attached application insert with the below listed FIA forms until our current printed inventory has been used and new forms are printed.

- 9711 Application for Assistance
- 9711-E ESAP Application for Assistance
- 9701 - Application for Assistance
- 9702 - Application for Assistance for One Person

As for the substance abuse forms, please begin using the updated versions that are attached.

CARES PROCEDURE

On the **DEM2** Screen in the Penalties section for Food Supplement:

- In the ORG field enter M – Maryland Guilty
- In the VIOL field enter DFLN – Drug Felon
- In the DEC date field enter MM DD YY
- In the TYPE field enter the appropriate code for the Decision Type
 - C - Court Decision
 - H - Administration Department Hearing
 - W - Client Signed Waiver
- Narrate your actions

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INTERVIEW          CLIENT DEMOGRAPHIC 2 - DEM2          DEM2 01
Month 08 17        REN286 06 26 09

Client Name GINA    TEST          Client ID 473000570

Citiz V Student V Striker -----Penalties-----Death-----
      Status  Stat  Org Viol --Dec Date Type-- Del  Date State
C  BC  FS  CS  N  AF
➡----- FS  M  DFLN 09 27          C -----
      ----- Disability/Incapacity -----

Disab/  GA  SW  Approval  Begin Date End Date  Loan Date  IAR Date
Incap  Type CTR  Coop Source (MM YY) (MM YY)  (MM YY)  (MM DD YY) (MM DD YY)

Med Rev Treatmt Hlth -----PSH----- OTO Medical Entitle Joint Vet  POC
Recd  part V Insu Ind V Date  Date  V Med A  SSI/FS Stat

Vote-Reg * Pres@Int * TCA Ctr 000 TLEX-Rsn  MPEXE  DMVIOL
HMO  Mang Care  Insur Dropped  Premium OK  BUYIN  TPL  Liab
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FIA TRAINING

FIA's Bureau of Training will provide two webinar trainings reviewing these changes on:

- Tuesday, November 7, 2017; and
- Wednesday, November 8, 2017

Registration links will be forwarded to case workers and assistant directors soon.

ATTACHMENTS

1. TCA Manual Sections 213, 700
2. FSP Manual Section 100
3. FIA Application Insert
4. FIA form 1176 - Consent to Release
5. FIA form 1177 - Substance Abuse Screening

INQUIRIES:

For policy related questions, please contact fia.policy@maryland.gov.

cc: FIA Management Staff
Constituent Services
DHS Help Desk